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STATE OF SOUTH CAROLINA	)
(Caption of Case) Example: Application for a Class C Charter Certificate from	) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA
John Doe dba Doe's Limo	TRANSPORTATION COVER SHEET
Transport, UC	DOCKET 2019 - 37/ - T
	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Colino GCS Lins	Telephone: EH34CL-14CA
Address: 880 MOIII/OFF CT.	_ Fax:
Flurence SC 3950L	Other:
	Email: Nichogo (23) 10 gm (1) cm
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date:
Application is hereby made for a Certificate of P of S.C. Code Ann., § 58-23-10, et seq. (1976), ar	tublic Convenience and Necessity, in accordance with the provision and amendments thereto.
1. 181 CCS Vares M Name under which business is to be conducted (co	rporation, partnership, or sole proprietorship, with or without trade name.)
FO FORMIUM OBS	reet Address of Applicant
ZEWE	Applicant (if different from street address)
843496-1499 Bharia	
	25000 il com
2. If the Applicant is an LLC or a corporation, a consecretary of State and the Articles of Incorporation Carolina Secretary of State "Foreign Corporation"	opy of the Certificate of Existence from the South Carolina on must be attached. (If incorporated outside of SC, attach South n" Certificate.)
3. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship ☐ Partnership - List names and address of a	Il person having an interest in the business.
Corporation - List names and addresses of	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

#### **Financial Statement**

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities</u>	<u>s:</u>
Value of Real Estate		Mortgage/Loan on Real Estate	
Value of Motor Vehicles	$\bigcirc$	Loans Owed on Motor Vehicles	2000
Cash on Hand		Business/Other Loans Owed	O'
Cash in Bank		Other Liabilities or Debts	0
Value of Other Assets and Equipment	$\bigcirc$	Total Liabilities	
Total Assets	ICCO		

#### **INSTRUCTIONS:**

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

#### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

2.00 lamile

Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	•
Charleston	☐ Fairfield	Laurens	∴ Richland	

### **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	. VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
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#### INSURANCE QUOTE

#### This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:
187 Class Xpress Medical Transporting
Name of Applicant
Eso molling of Frances 2500
Address of Applicant
Amount of Premium:

Liability Insurance

The above quoted premium is for a term of

Minimum Limits - Bodily injury and property damage limits will not be less

than the following: **Limits Quoted** 

Liability Combined Each Occurance	\$ 1,000,000	10xxxxx
Medical Payments per Person	\$ 1,000	1.000

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.statc.sc.us/self-insurance.

## Exhibit Fit, Willing, and Able (FWA)

Rt CKER YOURS	Mane Trooperful
	Name

1. Is there currently any outstanding judgments against the Applicant?

O Yes

( No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

X Yes

O No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

X Yes

O No

## **Exhibit on Driver Qualifications**

1.	CPR	Certificate or its equiv	alent,	must possess at least a current American Red Cross Standard First Aid and and records that verify/record such training must be kept on file at the siness within South Carolina.
	OS,	Yes	O N	Jo
2.	Appli	cant understands that	drivers	must be in compliance with all OSHA regulations.
	$\phi$	Yes	O N	То
3.				must be trained in the use of all vehicle installed safety equipment such as extinguishers, and other equipment as outlined in PSC Regulations.
	R	Yes	O N	To Control of the Con
4.		cant understands that disabilities, including v		must be able to physically perform actions necessary to assist persons hair users.
	<b>%</b>	Yes	O N	io .
5.				must wear a professional uniform and photo identification badge that company for whom the driver works.
	$\phi$	Yes	0 1	No
5.	of safe		erify/re	must complete twelve (12) hours of in-service training annually in the area cord such training must be kept on file at the company's primary place of
	$\alpha$	Yes	O N	o

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto. and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box
riease check the applicable box

The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.
The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

WORN TO BEFORE ME

May of 20000000 20 10

Commission Expires



**Print Application** 

CERTIFIED TO BE A TRUE AND CORRECT COPY AS TAKEN FROM AND COMPARED WITH THE ORIGINAL ON FILE IN THIS OFFICE

Nov 20 2019 REFERENCE ID: 432893

### STATE OF SOUTH CAROLINA **SECRETARY OF STATE**



### **ARTICLES OF ORGANIZATION Limited Liability Company - Domestic**

TO BE A TRUE AND CORRECT	COPY	Filing ID: 191120-0839410
FROM AND COMPARED WITH IAL ON FILE IN THIS OFFICE	THE	Filing Date: 11/19/2019
Nov 20 2019	STATE OF SOUTH CA	AROLINA M
REFERENCE ID: 432893	SECRETARY OF S	
Mule Hammon O.	ARTICLES OF ORGAN	IZATION R
EFART OF STATE OF SOUTH CAROLINA	Limited Liability Company	Demostic T
	Limited Liability Company	y - boniestic
	lowing articles of organization to fon 3-44-202 and Section 33-44-203.	y - Domestic  The property of
1. The name of the limited liabil	ity company (Company ending must be i	
1st Class Xpress Medical Tr	ransport, LLC	- 20
		2019
*Note: The name of the limited liab	pility company must contain one of the folio	wing endings: "limited flability company" or "limited @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @ @
	.C.", "LLC", "L.C.", "LC", or "Ltd. Co."	<u> </u>
O. The address of the initial des	impated office of the limited lightiths	On the Court Corolina in
2. The address of the initial des 850 Mollhoff Ct	ignated office of the limited liability of	On Company in South Carolina is
(Street Address)		8:50 AM -
Florence, South Carolina 29	506	Ž
(City, State, Zip Code)		
3. The initial agent for service of	f process is	SCPSC
Nadine Gaskins		ŠČ
(Name)		1
		20.
(Signature of Agent)		2019-371 ervice of process is:
And the street address in Sou	uth Carolina for this initial agent for s	enrice of process is:
850 Mollhoff Ct	92.0 101 0.10 1.11.12. 2go	
		1
(Street Address)		South Carolina 29506
Florence		South Carolina 29506
(City)	*	(Zip Code)
List the name and address of	each organizer. Only one organize	r is required, but you may have more than one.
a)	outer organizer. Only one organize	To required, but you may have more than one.
Nadine Gaskins		
(Name) 850 Mollhoff Ct		
(Street Address)		
Florence, South Carolina 295	06	
(City State Zin Code)		

## **Business Entities Online**

# 1st Class Xpress Medical Transport, LLC

12/4/2019 Entity Prof	219 Entity Profile - Business Entities Online - S.C. Secretary of State		
South Carolina Secretary of State		Ċ	
<b>Business Entities O</b>	Inline	ACCETIED	
ile, Search, and Retrieve Documents Electronically			
		Z Z	
1st Class Xpress	Medical Transport, LLC		
Corporate Information	Important Dates		
Entity Type: Limited Liability Company	Effective Date: 11/19/2019	1	
Status: Good Standing	Expiration Date N/A	20191	
Domestic/Foreign: Domestic	Town End Data N/A	Dece	
Incorporated State: South Carolina	Term End Date: N/A  Dissolved Date: N/A	December 5	
Registered Agent	Dissolved Date: N/A		
Agent: Nadine Gaskins		9:50 AM	
Address: 850 Mollhoff Ct Florence, South Carolina 29506		- VCTVC	
Official Documents On File	,	C - 2019-371-1	
Filing Type	Filing Date		
Articles of Organization	11/19/2019		

For filing questions please contact us at 803-734-2158

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